The laying on of hands and anointing of the sick at the center of the church’s ritual care of the suffering and dying presume the physical presence of the one seeking this ritual care. This real encounter between human beings as vehicles of God’s grace seems a basic aspect of healing, given both the incarnational and creational foundations of sacramality and sacramental theology, and the practical and psychological importance of touch and presence. In order to counter the growing trend of “proxy” anointings in North America and the United Kingdom, this article gives theological and liturgical support to the presupposition of physical presence. First, the article notes the emergence of this trend. Then the article counters it through a reflection on the meaning of the ritual actions, with reference to the longer theological and liturgical traditions and the current official liturgical texts of the Episcopal Church in the U.S.A. (ECUSA).

In 1972 Thomas Talley wrote an article in Worship entitled “Healing: Sacrament or Charism?” in which he articulated some of the differences between charismatic healing and sacramental anointing.¹ The comparison gave him an entrée into the discussion on the effects of sacramental anointing and its relationship to physical healing, as well as the opportunity to challenge what he perceived as an unhelpful turn toward emotionalism. At the heart of his concern was what he described as “the beginning of a trend toward a preoccupation with physical healing such as has grown very rapidly in the Anglican Communion without the benefit of serious theological criticism,

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and this has begun to assert that sickness and suffering are unquali-
fiedly contrary to the will of God.”² Talley was concerned that the ritual practice was unconsciously altering theological reflections on sickness, health, and the cause-and-effect model of sacraments.

I return to Talley’s article some thirty years later because of a concern with the ritual practice of the sacrament of the anointing of the sick that has arisen in a number of American parishes, primarily in Episcopal (or Anglican) circles: the “anointing by proxy” phenome-
on. This “trend” (if it can actually be called that) was brought to my attention by several seminary students in the last four years. In one case, a student in the class on the rites for the sick and dying asked what I thought about parishioners who came up to be anointed for others. Not being familiar with the practice, I encouraged him to pur-
sue the topic for one of his course papers, which led him to research the practice and its possible origins.

The official liturgical books of the Episcopal Church containing unction, the Book of Common Prayer (BCP) and the supplement Enriching Our Worship 2 (EOW 2),³ never mention the practice, but the student had witnessed it in different geographical areas (including several cathedrals) and so began asking questions. He had a very inter-
esting exchange with the International Order of St. Luke (OSL), who wrote that they had been doing (and advocating for) this practice of anointing by proxy for many years, even though they did not know its origins or theology. The response from the North American War-
den of OSL fascinated the student even more. How could a practice like this flourish with little theological reflection?

There are, as you know, instances recorded in which Jesus healed “at a distance” in response to someone else’s request. So, we in the Order of Saint Luke do not hesitate to pray with someone who is interceding for another person near or far. The “extension” of that covers your specific question about anointing and/or laying on of hands for someone who comes as intercessor or “proxy” for another who is not present. I have never seen any discussion of this

practice in print (that is, regarding the theological justification for it), we just have always done it, at least always during the now 75 years plus of OSL’s existence.4

The student’s written conversation with OSL called to my mind Talley’s article and the lack of theological depth that he charged was present in practices during the 1970s. But it was not until last year, when another student reached a point of personal and ritual dissonance, that I was determined to spend some time reflecting on the issue. The student’s confusion was the result of personal participation in anointings by proxy and the growing realization that these experiences were at odds with the liturgical and sacramental theology she had come to embrace. The dissonance led her to do a reading course on the topic. Her research included a review of the history and theology of anointing of the sick as well as fieldwork surveying parishioners in Episcopal cathedrals. Out of the statistical and anecdotal information gathered from around the United States, her primary insight was that the underlying problem was really a lack of understanding about the Eucharist itself. In the survey, only one priest (and not a single parishioner) understood the Eucharist itself as reconciliatory and healing, an important concept in that the anointings in question were all done in the context of eucharistic liturgy.

As liturgists, we are a bit like docents in God’s gallery. A docent can greatly aid experience of all that the gallery holds. She can also get in the way. Affording time for direct encounter, being observant, and avoiding information overload are all key. The questionnaire responses under discussion here point to the possible need for some major re-thinking about our gallery tours. They point to needs that are paramount over the particulars of anointing and must be addressed for any choices about particulars on that front to have useful impact. There are people participating in Eucharist who do not perceive that we are brought into the midst of the greatest power for good known to the world. A constant mood of euphoria is neither possible nor desirable, but somehow we need to better embody our faith in the reliability of the promise we claim. We need to better embody our confidence in

the personal and communal transformation that is happening. This witness is our shared mission as the body of Christ.5

The reality of the existence of anointings by proxy is clear, but understanding it is another matter. The practice raises a number of theological and liturgical questions, which have in turn made me wonder if part of the underlying confusion is between prayer—in this case prayer for others—and sacramental rites. I was curious enough to go back to the catechism included in the 1979 Book of Common Prayer (understood as a “point of departure” rather than a “complete statement of belief and practice”) to look at the difference between prayer and sacrament. Christian prayer is described there as a “response to God the Father, through Jesus Christ, in the power of the Holy Spirit.” And intercessory prayer is specifically that which “brings before God the needs of others.”6 The sacraments, on the other hand, are “outward and visible signs of inward and spiritual grace, given by Christ as sure and certain means by which we receive that grace.” Besides the two primary sacraments, baptism and Eucharist, there are other sacramental rites which “are means of grace” but “not necessary for all persons in the same way that baptism and the Eucharist are.”7 Unc- tion of the sick falls under this category and is described as “the rite of anointing the sick with oil, or the laying on of hands, by which God’s grace is given for the healing of spirit, mind, and body.” After all seven sacramental actions have been described in the catechism, the last question in the section is interesting: “Is God’s activity limited to these rites?” Response: “God does not limit himself to these rites; they are patterns of countless ways by which God uses material things to reach out to us.”8

Sacramental Matters

As emphasized in the catechism, material things are the outward and visible signs of realities we cannot access in any other way; they reach out to us and draw us into the heart of the Incarnation through sacramental encounter. John of Damascus wrote that “matter was instrumental in my salvation, and for this reason is endowed with di-

6 BCP, 856, 857.
7 BCP, 857, 860.
8 BCP, 861 (italics mine).
vine power and grace.”⁹ Geoffrey Rowell builds on this many centuries later, saying that not only have Christians celebrated matter as the medium through which salvation is accomplished, but “grounded in the Incarnation, matter matters, and sacraments and the sacramental. Our human senses and materiality and bodiliness are not things to be escaped from, and left behind, but to be transformed and transfigured.”¹⁰ This materiality, and the concreteness of things, of touch, of proximity at the heart of relationship, become primary symbols capable of carrying the mystery of a relational encounter between humans and God. Here Durkheim’s “collective representation” is helpful in avoiding the dualism between sacred and profane: it is not a matter of holy things versus unholy things “so much as the uneven distribution of value among things” as determined by collective representation:¹¹

The notion of collective representation simultaneously permits the idea of individual vocations and makes sense of social organizations, including their consecration of callings as they endorse representatives or sacred persons. It also allows us to grasp why things, persons or places gain their sacred properties only under certain conditions and for certain times: it contains a sociological account of the sacramental.¹²

“Matter matters”; and whether it conjures up scholastic emphases on matter and form or simply creation in general, it is at the heart of sacramental encounter. And the anointing of the sick includes this physicality to a greater extent than many of our sacramental actions. The outward focus is often on a physically ill body, although both the contemporary rites and the first millennium of Christian tradition emphasized that as psychosomatic beings our emotional illnesses affect our physical illnesses which affect our mental illnesses which affect our spiritual illnesses, and so on. To offer sacramental healing is to address the whole person in all these realms, but clearly to address the embodied person nonetheless. In addition, the heart of the rituals surrounding the anointing entails both things (oil) and gesture.

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¹⁰ Rowell, “The Significance of Sacramentality,” 4-5.


Indeed, the laying on of hands and the anointing with oil are the outward manifestations of this prayer of faith, along with the gathered community or at least its representatives. For this reason, it would be good to remember that sacrament and prayer are certainly not opposed: prayer is a foundation of sacrament. But even in the scriptural charter of the structure and action of anointing of the sick, James 5:13-15, it is clear that the prayer offered is “over” (opt) a sick person, rather than “for” a sick person. The implication is one of physical proximity or literally of touch, a physical and spiritual engagement between humans.

This is something more, or in addition to, the long Christian tradition of intercessory prayer for the sick:

[Prayers] were considered efficacious because of the Spirit, present in those praying and in the prayer act of the Church. These intercessions were also prayers “in the name of the Lord,” directed to the First Person of the Trinity in some traditions and to Christ in others. But the prayer of faith in the anointing of the sick implied a physical directness and, for many interpreters of the James passage, touch also, which made it a somewhat different genre of prayer than the intercession of the gathered Church. Therefore, throughout the history of the anointing of the sick, prayer—in faith and in the name of the Lord—remained the context for the other elements involving touch (the laying on of hands) and anointing (touch with oil), all of which contribute to the contemporary practice and understanding.13

So prayer is constitutive of sacrament but sacrament is not necessarily constitutive of prayer. As Kenan Osborne notes, although prayer is both universal and local, specific and general, proximate and distant, “sacramentality is profoundly temporal, profoundly spatial and profoundly relative.”14 Prayer can be directed toward God for the good of a person or a group, or for any number of ends; but ecclesial sacraments are such only when “action produces a subsequent reaction from some human person in seeing this as a blessing of God.”15 In other words, intercessory prayer does not call forth a human response

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14 Kenan Osborne, Christian Sacraments in a Postmodern World: A Theology for the Third Millennium (New York: Paulist Press, 1999), 70.
15 Osborne, Christian Sacraments, 75.
from the intended recipient of that prayer. Sacrament does. Sacra-
ment is an encounter between God and human mediated by human
beings and the very stuff of creation, and the relationship between
sacrament and creation is crucial: without it sacrament can veer into
magic. Sacrament imagines an encounter much along the lines of a lit-
erary reader-response theory brought home in the hermeneutics of
homiletical construction. The point of hermeneutics here is not to
focus on “an intention hidden behind the text” but to see “a world un-
folded in front of it.”\textsuperscript{16} The sacramental action is the “world unfolded”
between humans and God. The communication of God’s presence is
the “world unfolded” in the sacramental encounter. This is not to pre-
sume that it is only here that this happens. Even though sacrament is
one expression among others, “There is something radical about it in
that due to its eminently concrete and singular character, it is a buffer
which tests or ‘verifies’ the faith unceasingly threatened with drifting
toward general and generous ideas of the active presence of the risen
Christ.”\textsuperscript{17}

It is interesting that \textit{Enriching Our Worship 2}, one of the liturgi-
cal supplements to the Book of Common Prayer for the Episcopal
Church in the United States, stresses the importance of proximity
when speaking of prayer with the sick:

“Praying with the sick seems more personal and penetrating than
praying for the sick.” Since illness is often accompanied by deep
frustration, feelings of helplessness and loneliness, prayer which
joins with patients can lift up and remind the afflicted that they
are neither alone nor powerless in intercession, but are part of
the whole communion of saints. Further, it reminds both them
and the ministers that while some of us may appear to be healthy
and full of life, sickness and death are universal conditions to
which we all must come. Therefore, our prayer is an act of true
sympathy and identification.\textsuperscript{18}

The same introduction also wryly quotes C. S. Lewis when reminding
those ministering to the sick that praying with the sick may be costly:
“It is so much easier to pray for a bore than to go and see him.”\textsuperscript{19} The

\textsuperscript{16} Osborne, \textit{Christian Sacraments}, 159.
\textsuperscript{17} Osborne, \textit{Christian Sacraments}, 161.
\textsuperscript{18} \textit{EOW 2}, 13-14, quoting Norman Autton, ed., \textit{A Manual of Prayers and Readings
with the Sick} (London: SPCK, 1970).
introduction to EOW 2 continues as a form of theological praenotanda with a section on “Ministry with the Sick or Dying” in which “Sacramental healing . . . traditionally called ‘unction’” is placed at the heart of the overview.20 Here the appropriate recipients are mentioned:

While all Christians stand between the fullness of the baptismal gift of grace and the final consummation of that grace—and thus all are in need of healing—the sacrament is usually offered in response to some particular need or concern. The sacrament is particularly appropriate at times of discovery of illness, a turning point in an illness, a particular procedure, or at a time of great distress.21

The clear implication is that the one offering him or herself for the sacrament is part of the Christian community, understood in the broadest sense of the Body of Christ, and physically present to participate in the sacramental act “by which God’s grace is given for the healing of spirit, mind, and body.”22

The aforementioned section is also very clear about the relationship between the Eucharist and the anointing. “The Eucharist is the primary sacrament of healing to all who seek it.”23 That sacramental reality is maintained by the linking of the two rites in public services of healing and in individual anointings, where a lay or ordained minister is encouraged to take communion “to those who, by reason of illness or infirmity, are unable to participate in the Church’s eucharistic assembly, [so that] those who are ill or infirm are enabled to experience their relation to the community and join their personal faith and witness to that of their community.”24 The stress on participation in the eucharistic community again presumes without question the physical presence of the one seeking sacramental healing, both through the anointing of the sick and the reception of communion, which is to take place last “so that it may be evident that participation in communion is

19 EOW 2, 15.
20 EOW 2, 21.
21 EOW 2, 21.
22 EOW 2, 21, quoting BCP, p. 861.
23 EOW 2, 23.
24 EOW 2, 23, 24.
HEALING: SACRAMENT OR PRAYER?

the climax of the service.”

Finally, the actual formulas for anointing (there are several with slightly different wordings) all begin and focus the action in a similar way: “N., I lay my hands upon you [and anoint you] in the name of our Savior Jesus Christ, praying you will be strengthened and filled with God’s grace, that you may know the healing power of the Spirit.”

Two versions of a fuller formula may be added. From the BCP:

As you are outwardly anointed with this holy oil, so may our heavenly Father grant you the inward anointing of the Holy Spirit. Of his great mercy, may he forgive you your sins, release you from suffering, and restore you to wholeness and strength. May he deliver you from all evil, preserve you in all goodness, and bring you to everlasting life; through Jesus Christ our Lord.

And from EOW 2:

As you are outwardly anointed with this holy oil, so may our loving God give you the inward anointing of the Holy Spirit. Of God’s bounty, may your suffering be relieved, and your spirit, mind, and body restored to grace and peace. May all of us in the frailty of our flesh know God’s healing and resurrecting power.

Ecclesial Actions

The last sentence of the EOW 2 formula—“May all of us in the frailty of our flesh know God’s healing and resurrecting power”—points to a theological reality that “no sacrament is intended simply to

25 EOW 2, 24.

26 EOW 2, 39 (italics mine). The EOW 2 formula is a variation of the BCP, p. 456: “N., I lay my hands upon you in the Name of our Lord and Savior Jesus Christ, beseeching him to uphold you and fill you with his grace, that you may know the healing power of his love.” The anointing formula follows immediately: “N., I anoint you with oil in the Name of the Father, and of the Son, and of the Holy Spirit,” rather then being incorporated into the same formula as in EOW 2.

27 BCP, 456.

28 EOW 2, 39. While the quoted material appears to be two versions of the same prayer, it is interesting that the EOW 2 prayer avoids mentioning sin and evil, ignoring an aspect of the psychosomatic whole person to be healed (sin healed through forgiveness) and the external powers that may work against us (evil). The BCP prayer also is more concrete in its eschatological intercession “bring you to everlasting life,” although this is implied in the EOW 2 reference to knowing “God’s healing and resurrecting power.”
confer grace on an individual.” Like all our sacramental actions, anointing of the sick is not solely about one person, whether that be the one seeking healing or the one ministering to the sick. As a related but different subcategory of sacramental theology than the discussion on physical presence and materiality above, the ecclesial dimensions of sacramental rites for the sick are also important for countering the misunderstandings associated with non-reflected rituals.

First, for persons who come to ask for sacramental healing, wherever they are in their journey through illness to wholeness, sickness is often about alienation. Such alienation is described by several theologians as threefold. First, one is alienated from oneself, in that “one has to contend with the spatial disability of a body which no longer symbolizes what the inner self desires or intends.” Second, one is alienated from the various communities to which one belongs, because “illness with its unavoidable isolation and frequent real or imagined rejection is a desocializing experience.” Finally, one is alienated from God as “one is vividly reminded of human frailty and contingency” and likely to ask whether one has been abandoned by God or what one has done that brought about the illness as punishment. Sacramental healing addresses all three of these levels of alienation, each or all of which can be crises of faith. Sacramental healing stresses efficacious wholeness rather than focusing solely on physical cure. Talley’s historical article also addressed this very issue: “There has come an increasing blurring of the distinction between the church’s liturgical address to affliction and the charism of thaumaturgy, the effecting of miraculous cures, and with that blurring of distinction, a serious confusion regarding the whole nature of sacramental realities.”

It would be unwise to push that perspective to the extreme, however, and say that the church wants to ignore physical healing, or at least does not wish to pray for it. Such a position denies the importance of the body as the primary vehicle and symbol of each human being at the same time that it acts to place human limits on the power

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29 David N. Power “The Sacrament of Anointing: Open Questions,” in Mary Collins and David N. Power, eds., The Pastoral Care of the Sick (London: SCM Press, 1991), 104
31 Gusmer, And You Visited Me, 93.
32 Gusmer, And You Visited Me, 93.
33 Talley, “Healing,” 49.
of God. But healing and curing are not the same thing. The former is much more comprehensive and is the primary realm of sacramental healing. *EOW 2* expresses this well by saying:

> True healing comes about in closer communion with the heart of the Holy Trinity, regardless of physical or even psychological condition. On the other hand, we should not be timid in what we express, lest we imply that nothing positive may be expected. Prayers should be offered for the heart’s desire, yet with spacious intention of living into God’s will, rather than our offering shallow assurances. . . . Healing must never be seen as an end in itself. Scripture teaches us that Jesus’ healings were a sign of the reign of God come near, of God’s marvelous power and presence among us. Healing is not merely the alleviation of affliction, but testimony to the wholeness and salvation God intends for us.34

With regard to the minister of the rite, officially designated as a priest or bishop (ordinary minister), or deacon or layperson (extraordinary or “in times of necessity” as stated in the BCP), what is it that the one laying on hands and anointing actually does? Individuals with the gift of healing (charismatic healing) are certainly recognized within many member churches of the Anglican Communion. *EOW 2* reiterates this by saying that while this ministry is “under the direction of the Rector or other member of the clergy. . . , lay persons with a gift of healing” may participate in all aspects of healing ministry.35 But if healing is a sign of the reign of God and an act of the whole Church, ordained or lay ministers do not act as charismatic individuals, but as representatives of the whole body of Christ. And that spectrum of responsibility must be central to what the priest or other minister is doing, in continuity with the scriptural mandate:

> Certainly, if the function of the presbyters at the sickbed was understood to be sacerdotal, it becomes difficult to understand the vast silence of eight to nine centuries on the subject apart from the questioned text [from James] itself. What alternative understanding can be offered? Simply that the sickness or dying of a Christian needs above all to be held within the community, and that the presbyters are summoned as the constitutive represen-
tatives of the community, not as *thaumatourgoi*, nor even as *sacerdotes*. Their function is not to heal nor is it yet to administer last rites, but to protect the sick member from dereliction and separation from the ecclesial body.  

Lastly, the role of the worshiping community with regard to the anointing of the sick is threefold: the community offers its efficacious prayer as the gathered body of Christ, it presents the diversity of the body of Christ in the differentiation of roles assumed by individual members, and it is itself the recipient of ministry through the witness that the sick themselves offer to the community. The efficacious prayer of the priesthood of all believers is at the heart of all intercessory prayer, but the first millennium model of both litanic prayer and silence during the laying on of hands was a wise one. Intercessions with a corporate verbal refrain are widely understood to be literal reminders that this is corporate prayer in response to the word of God, but the silence accompanying the laying on of hands is also crucial, allowing “all to ‘equally’ pray in their own mental images or words for the one identified as the primary recipient of the prayer at that moment.” Intercessions with a corporate verbal refrain are widely understood to be literal reminders that this is corporate prayer in response to the word of God, but the silence accompanying the laying on of hands is also crucial, allowing “all to ‘equally’ pray in their own mental images or words for the one identified as the primary recipient of the prayer at that moment.” The fundamental “sacramental action” of the laying on of hands, as Godfrey Diekmann calls it, is the ritual by which the Holy Spirit has been brought back “into the center and heart of the sacramental rites.” Silence heightens the solemnity of the action, allows for a multitude of individual prayers for the Holy Spirit, and fulfills the need for silence which allows human beings “to be in touch with the intent of language which is beyond itself, and thus in touch with the intent of the heart which opens up horizons beyond the expressions of whatever language has brought to expression and to being.”

The unity of efficacious prayer by the community does not mean, however, that everyone does everything. The confusion of political democracy with liturgy is understandable in light of centuries of ongoing omission of some people from any liturgical role, but ecclesiology and good ritual need to model the apostle Paul’s wonderful description of the body of Christ as a real body: not all can be hands or

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37 Larson-Miller, *Anointing of the Sick*, 34.
feet or kidneys, not because they should not be allowed to be whatever they want, but because it is not a body if there are 150 hands and no neck. Liturgy calls everyone present to participate—ritually, ecclesially, and theologically—as baptized members of the body, anointed to participation in Christ, and grafted to the Trinity and the divine economy. But liturgy is also by its nature dialogical, sometimes between groups, sometimes between an individual and a group, sometimes between individuals, and most often, between God and the human community. This dialogue allows us both to speak and listen, gesture and watch, initiate and respond. In the rituals of healing, not all will be anointed; not all will anoint; some may pray for the sick; yet others may surround them and counter the alienation that sickness can bring in yet different ways. Diversity is one of the keys to understanding sacramental ritual, here expressed in the diversity of roles that together make the church.40

Finally, the role of the gathered church is also to be the recipient of ministry. In EOW 2 the ritual is called not ministry to the sick, but ministry with the sick and dying, implying that both those who are sick and those who are ministering with them will receive ministration. So what is the ministry that the sick give to the community? The sick participate in the same threefold participation that all members of the body do: ritual, ecclesial, and theological. But in a paradoxical way, the sick are often more actively participatory in this sacramental engagement than participants in other sacramental encounters. The sick participate through their baptism and through their suffering in Christ. The anointing of the sick recalls the baptismal anointing by which each Christian becomes christos, and then joins that reality to sickness, allowing “the suffering and separation of sickness to become identified as participation in the pascha Christi. By such anointing, anamnesis is made of the passage of Christ through death to life and of the patient’s consecration to this mystery.”41 This participation in the suffering of

40 John Zizioulas gives an extended development of the necessity of diversification for ecclesiology, which finds its expression, as does most of ecclesiology, in the liturgy. “One of the many paradoxes of the church is that the Spirit unites by means of this differentiation, by dividing. We find it natural to speak of the community first as a unity and then as a diversity of ministries. But in a pneumatologically conditioned ontology the fact is that the Holy Spirit unites only by dividing” (1 Cor. 12:11). Zizioulas, Being as Communion (Crestwood, N.Y.: St. Vladimir’s Seminary Press, 1985), 217. Cited in Lizette Larson-Miller, “Hierarchy and Liturgical Space,” in Doug Adams and Michael Moynahan, eds., Postmodern Worship and the Arts (San Jose, Calif.: Resource Publications, 2002), 38.
Christ is not a desire to suffer, which is unhealthy in any circumstance, but the way in which the sick Christian is confirmed in understanding that sickness and suffering have meaning. The sick witness to this reality. The sick members of a community stand as reminders “to others of the essential or higher things. By their witness the sick show that our mortal life must be redeemed through the mystery of Christ’s death and resurrection.” To these ends, the sick offer a valuable ministry to the Christian community, a ministry that is predicated on their openness, their willing presence, and their communication with the praying community in which they seek sacramental healing.

Conclusion

Just as Thomas Talley concluded his article on sacramental and charismatic healing by reminding his readers that the two were not opposed but complementary and oriented toward the same ultimate goal, it is good to remember that sacrament and prayer are also not opposed. They are intimately linked and supportive of each other as facets of our relationship with God. But sacramental encounters in absentia seem an oxymoron, particularly when these encounters—such as anointing of the sick—focus on human touch as a vehicle for divine encounter.

The restoration of the anointing of the sick in both the Anglican and Roman Catholic communions has been a source of comfort and strength for many individuals and communities. As living sacraments, these rituals will continue to evolve and engage with cultures around them. But liturgy needs theological reflection just as theology needs liturgical reflection. Why are we doing what we are doing, and what does it mean? These are questions that must be asked on an ongoing basis. What are we doing when we anoint by proxy? What does it mean? And is it consistent with our theology regarding sacramental healing? I would suggest through the reflections offered here that the answer is no: anointing by proxy is not consistent with the best of sacramental theology.

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41 Talley, “Healing,” 55.
42 “Pastoral Care of the Sick,” chap. 3 in The Rites of the Catholic Church: Volume One, 3rd ed. (Collegeville, Minn.: The Liturgical Press, 1990), 778.